## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**863**=038232

|  |                              |          | •••           |  | C HEALTH AND W   | ELFARED /  | -/-  |                                    |  | 511          | 2_   | フィヘイ   | ク                      | STATE FILE             | E NUMBER                              | ₹  |
|--|------------------------------|----------|---------------|--|--|--|--|------------------------------------|--|--------------|--|--|------------------------|------------------------|---------------------------------------|--|
| DO NOT WRITE<br>ON THIS STUB   |                              | AMEND    | ED            | ]_                                     | Registration District No   |  | Prim.  | ary Registration                   | District No.   | 116          | Registrar's No.  | <u> 200 á</u>  |                        |                        |                                       |  |
| OH 1412 21/08  |                              |          |               | - <b> </b> F                           | PLACE OF DEATH   | U 1953 Z   |  |                                    |  |              | 2. USUAL RESIDEN   | ICE (Where dec   | eased lived            | l. If institut         | on: Resid                             | lence before                                 |
| VS 300   | ا م                          |          |               | 1                                      |  | Louis  |  |                                    |  | '            |  | ssour <sup>f. co</sup>   |                        |                        |                                       | dmission)                                    |
| Rev. 4/59  |                              | 1        |               | -                                      | b. CITY (If outside co   | HIP only)  | Length of stay in  | n Ib                               | c. CITY  |              |  |  |                        | nside Limits           |                                       |  |
|  | AMENDED                      | 1        |               |  | OR .   | rguson   |  | j                                  | ?  |              | OR<br>TOWN   | Fergus   | on                     |                        | · ·                                   | s/I□ No □                                    |
| 14009  |                              |          |               | <b>I</b> -                             | c. FULL NAME OF (If  | •  | , give locati  | on)                                | Inside 1im   | nits         | d. STREET  |  |                        | ive location)          |                                       | side on Farm                                 |
|  | DATE                         |          |               | 1                                      | HOSPITAL OR  | 719 N. FI  |  |                                    | Yes ∰ No   | - 11         | ADDRESS  | 19 N. Fl   | . •                    | •                      |                                       | s D No/D                                     |
| 24009  | à                            | $\sqcup$ | $\perp \perp$ |  |  |  | ·  | <del></del>                        |  |              |  |  |                        |                        |                                       |  |
| 3 4  |                              |          |               |  | <ol> <li>NAME OF DECEASED<br/>(Type or print)</li> </ol>   |  |  | _                                  | Middle<br>a b a t b  | -            | Last   | 4. DATE<br>OF<br>DEATH   | Month                  | _                      | ay                                    | Year   |
| 4 ,  |                              |          |               | 1 _                                    |  | Mar  | <del></del>  | Eliza                              |  |              | rew  | 1 _  | 9-27                   |                        | <del></del>                           | 11055-                                       |
|  |                              |          | 11            | 1                                      | 5. SEX   | 6. COLOR OR  |  | 7. Married [7] Widowed [7]         |  |              | 8. DATE OF BIRTH   | 9. AGE (last   |                        |                        |                                       | UNDER 24 HR                                  |
| 5 /  |                              |          | 11            | _                                      | Female   | White  | _  |                                    | _  |              | 4-16-85  | 78   |                        | 12. CITIZEN            |                                       |  |
| <u> </u>   | ا إ ج                        |          | 1 1           | 1 '                                    | Os. USUAL OCCUPATION  during most of working  HOUSEWILE  |  |  |                                    |  | COSIRY       | 11. BIRTHPLACE (C  | City and state or<br>ant. Mo.  |                        | U. S                   |                                       | COUNTRY                                      |
| ં !ર   | 5                            |          |               | _                                      | HOUSEWILE  | =  |  | At. Ho                             | OME<br>OTHER'S MAIDEN  | NAME         | FIOFISS  | •  | 1                      | U. S                   |                                       |  |
| 7 0  | ₹  .                         |          |               | 1 '                                    | _  | 1  |  | 1                                  |  |              | 1022   | 14. N  | arame Or Hl<br>1 سور 1 |                        |                                       | 1  |
| A  |                              |          |               | -                                      | Frank Cree! 5. WAS DECEASED EVER   |  | ) FORCES   |                                    | Leocadie CIAL SECURITY N   |              | day<br>17. INFORMANT                                     | <u> </u>   | HUI                    | ddress                 | PEW                                   | <u></u>                                      |
| <u> </u>   |                              |          | 1 1           |  | res, no, or unknown)   (If   |  |  |                                    |  |              |  | D  | He or                  | M                      |                                       |  |
| 94200 1  |                              |          |               | . <b>J</b> –                           | NO  <br>  18. CAUSE OF DEATH   | (Enter only one  | Cause ner I  | ine for (a). (b)                   | and (c).   |              | Arthur Bro   | ew, rerg   | us UII ,               | *** <b>O</b> *         |                                       | AL BETWEEN                                   |
| <b>⋖</b>   | ۱ ا <b>۲</b>                 |          | I N           | 7                                      | 18. CAUSE OF DEATH<br>PART I.  | DEATH WAS C  | ALISED BY  | \ <u>''</u> \\''                   |  |              |  | -  |                        |                        |                                       |  |
| <del></del>  ç   | 황                            | 1        | 1 14          | _ =                                    | Ī  |  |  | 77-                                |  | , <i>II.</i> |  | 1-5  | 7.2.                   | <b>/</b>               | 7                                     | AND DEATH                                    |
|  | ) IU                         | 1 1      | =             | 5                                      |  | IMMEDIATE  |  | 77-                                | ysea   | Su           | ial or   | faco   | tion                   | <u> </u>               | 17                                    | AND DEATH                                    |
| 11 C   | ١٥                           |          | WILDO         | 5                                      |  | IMMEDIATE  | E CAUSE (a)  | _m                                 | ysean there  | Sle<br>I.    | al   | House  | Livis                  | lor                    | 9                                     | AND DEATH  M                                 |
| 1290.0   | TEAD (                       |          | NI JOG        | 5                                      | Conditio   | IMMEDIATE . ons, if any, j   |  | _m                                 | teros  | sle          | ratio,   | Levi   | Tiles                  | rlore                  | 91                                    | nos  |
| 1270-0 V   | 2 l n                        |          | NI JOG        | 5                                      | Conditio<br>• which g<br>above<br>• stating  | IMMEDIATE  ons, if eny, gave rise to cause (a), the under-   | E CAUSE (a)  | _pr                                | tuos   | sle          | ratio,   | Levi   | Tilis                  | elne                   | 9                                     | nos :  |
| 13 E   | N INST                       |          | NI JOS        | ************************************** | Conditio<br>which g<br>above<br>stating<br>lying c   | DATE OF THE PROPERTY OF THE UNITED STATES OF THE UN | E CAUSE (a)  DUE 10 (b)  DUE 10 (c)  | _pr                                | teros  | Sle<br>Le    | ratio  | Heri   | Tion Iles              | elone                  | g)                                    | nos<br>female was                            |
| 13 E   | NSI INSI                     |          | NI JOS        | ************************************** | Conditio<br>which g<br>above<br>stating<br>lying c   | DATE OF THE PROPERTY OF THE UNITED STATES OF THE UN | DUE TO (c)   | DIDITIONS COL                      | teros  | Sle<br>Sle   | but not related to                                       | Hear the terminal  | PART II                | ll. if decear          | g sed was regnancy is                 | nos female was in lost 90 days.              |
| 13 E   | NSI INSI                     |          | NI JOG        | ************************************** | Conditio<br>which g<br>above<br>stating<br>lying c   | DONS, If eny, pave rise to cause (a), the undertable last.   | DUE TO (c)   | DIDITIONS COL                      | SECONDARIANTE TO   |              | _  |  |                        | there a pr             | g was egnancy in                      | female was in last 90 days.                  |
| 13 E   | NSI INSI                     |          | YI JOO        | ************************************** | Condition which go above go stating lying company company company company to the condition which was alligned to the condition which we condition which we can be conditioned to the condition which go above the condition which go above go above go above go above go and the condition which go above go | ons, if eny, pave rise to cause (a), the under-cause last.  OTHER SIGNI disease conditi  | DUE TO (b)  DUE TO (c)  FICANT CC tion given in  | DINDITIONS COIN PART I (a)         | SECONDARIANTE TO   |              | but not related to                                       |  |                        | there a pr             | g was egnancy in                      | female was in last 90 days.                  |
| 13 E   | NSI INSI                     |          | WI JOO        | CERTIFICATION                          | Conditio<br>which g<br>above<br>stating<br>lying c<br>PART II  | ons, if eny, pave rise to cause (a), the undertause last.  OTHER SIGNI disease conditi   | DUE TO (c)  DUE TO (c)  FICANT CC  FIOR given in   | DINDITIONS COI                     | SECONDARIANTE TO   |              | _  |  |                        | there a pr             | g was egnancy in                      | female was in last 90 days.                  |
| 13 H   | NSI INSI                     |          | NIJOG         | CERTIFICATION                          | Condition which graph above starting lying compart in the starting lying comparts of the starting lying | ons, if eny, pave rise to cause (a), the undercause last.  OTHER SIGNI disease conditions and the conditions are conditions and the conditions are conditions.   | DUE TO (b)  DUE TO (c)  IFICANT CC  rion given in  | DINDITIONS COIN PART I (a)         | SECONDARIANTE TO   |              | _  |  |                        | there a pr             | g was egnancy in                      | female was in last 90 days.                  |
| 13 H   | NSI INSI                     |          | VIIJOG        | CERTIFICATION                          | Condition which graphs above stating lying compared to the property of the pro | immediate  ons, if eny, pave rise to cause (a), the under- cause last.  OTHER SIGNI disease conditi  20 - ACCIDENT  Month, Dey,  | DUE TO (b)  DUE TO (c)  FICANT CC tion given in  | DONDITIONS COIN PART I (a)         | NTRIBUTING TO  | BE HOW       | TINJURY OCCURRED.  | . (Enter nature o  |                        | PART I or PA           | g was egnancy in                      | female was in last 90 days. Unknown tem 18.) |
| 13 H   | NSI INSI                     |          | NI DOG        | ************************************** | Condition which graphs above above stating lying compared to the part of the p | IMMEDIATE  ons. if any, pave rise to cause (a), the under- cause last.  OTHER SIGNI disease conditi  20 x. ACCIDENT  Month, Day,   | DUE TO (b)  DUE TO (c)  IFICANT CC tion given in   | DINDITIONS COI                     | NTRIBUTING TO  20b. DESCRIB  | BE HOW       | _  | . (Enter nature o  |                        | there a pr             | g was egnancy in                      | female was in last 90 days.                  |
| RIBBON RI | AMENDMENTS ON THIS INST      |          | WIDOG         | CERTIFICATION                          | Condition which go above stating lying compared to the control of  | IMMEDIATE  ons. if any, pave rise to cause (a), the under- cause last.  OTHER SIGNI disease conditi  20 x. ACCIDENT  Month, Day,   | DUE TO (b)  DUE TO (c)  IFICANT CC tion given in   | DONDITIONS COIN PART I (a)         | NTRIBUTING TO  20b. DESCRIB  | BE HOW       | OF. CITY, TOWN, OR                                       | ELOCATION  | of injury in F         | PART I or PA           | g was egnancy in                      | female was in last 90 days. Unknown tem 18.) |
| RIBBON RI | AMENDMENTS ON THIS INST      |          | WIDOG         | CERTIFICATION                          | Condition which graphs above stating lying compared to the part of | IMMEDIATE  ons, if eny, pave rise to cause (a), the undercause last.  OTHER SIGNI disease conditions and the undercause last.  202. ACCIDENT  Month, Dey, work   | DUE TO (b)  DUE TO (c)  IFICANT CC tion given in   | DINDITIONS COI                     | NTRIBUTING TO  20b. DESCRIB  | me, 201      | HIJURY OCCURRED.  H. CITY, TOWN, OR                      | ELOCATION  | of injury in F         | there a pr             | g g g g g g g g g g g g g g g g g g g | female was in last 90 days. Unknown tem 18.] |
| RIBBON RI | NEAD AMENDMENTS ON THIS INST |          | NICOG         | CERTIFICATION                          | Condition which grabove stating lying creating lying creating lying creating lying creating c | IMMEDIATE  ons, if eny, pave rise to cause (a), the under-tause last.  OTHER SIGNI disease conditi  Month, Day,  ED 20  cceased from   | DUE TO (b)  DUE TO (c)  IFICANT CC tion given in   | DINDITIONS COI                     | NTRIBUTING TO  20b. DESCRIB  | me, 201      | OF. CITY, TOWN, OR                                       | ELOCATION  | of injury in F         | there a pr             | g g g g g g g g g g g g g g g g g g g | female was in last 90 days. Unknown tem 18.] |
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| BLACK INK OR OR AMENDMENTS OF 113  | READ AMENDMENTS ON THIS INST |          | VITOE         | MEDICAL CERTIFICATION                  | Condition which go above stating lying condition which go above stating lying condition with the condition of the condition with the condition with the condition of the condition with the condition of the condition with the condition of the con | IMMEDIATE  ons, if any, pave rise to cause (a), the under-cause last.  I. OTHER SIGNI disease conditi  20s. ACCIDENT  Month, Day, compared to the condition of the cause (a), the cause (a | DUE TO (b)  DUE TO (c)  IFICANT CC tion given in  SUICIDE  7, Year  20e. PLACE is form, fa | OF INJURY (e.g. actory, street, of | NTRIBUTING TO  20b. DESCRIB  | me, 201      | of. CITY, TOWN, OR date stated above, a 22b. ADDRESS     | ELOCATION  | of injury in F         | PART I or PA           | grand was equancy in the causes       | female was in last 90 days. Unknown tem 18.) |
| RIBBON RI | SHOULD READ INST             |          | VITOE         | MEDICAL CERTIFICATION                  | Condition which grabove stating lying creating lying creating lying creating lying creating creating lying creating crea | IMMEDIATE  ons, if eny, pave rise to cause (a), the under-cause last.  I. OTHER SIGNI disease conditi  202. ACCIDENT  Month, Day, work   20  ED   20  MORK   20  ACCIDENT   | DUE TO (b)  DUE TO (c)  IFICANT CC  tion given in  SUICIDE  (, Year  tarm, fa              | OF INJURY (e.g. actory, street, of | NTRIBUTING TO  20b. DESCRIB  1., in or about hom ffice bidg., etc.)  20 of CEMETERY O  | on the       | of. CITY, TOWN, OR and date stated above, a 22b. ADDRESS | C LOCATION  d last saw her a lend to the best of the b | alive on (City, town   | COUNTY  COUNTY  COUNTY | grand was equancy in the causes       | female was in last 90 days. Unknown tem 18.) |
| RIBBON RI | NO. SHOULD READ INST         |          |               | MEDICAL CERTIFICATION                  | Condition which go above stating lying condition which go above stating lying condition with the condition of the condition with the condition with the condition of the condition with the condition of the condition with the condition of the con | IMMEDIATE  ons, if any, pave rise to cause (a), the under-cause last.  I. OTHER SIGNI disease conditi  20s. ACCIDENT  Month, Day, compared to the condition of the cause (a), the cause (a | DUE TO (b)  DUE TO (c)  IFICANT CC  tion given in  SUICIDE  (, Year  tarm, fa              | OF INJURY (e.g actory, street, of  | NTRIBUTING TO  20b. DESCRIB  in or about hom flice bidg., etc.)  OF CEMETERY O   | me, 204      | of. CITY, TOWN, OR and date stated above, a 22b. ADDRESS | LOCATION  d last saw her a land to the best of last saw Normand  | alive on Corry, town   | COUNTY  COUNTY  COUNTY | grand was equancy in the causes       | female was in last 90 days. Unknown tem 18.) |
| RIBBON RIBBON RIBBON RIBBON RIP NO SIMPLEMENTA   | SHOULD READ INST             |          | VITOE         | MEDICAL CERTIFICATION                  | Condition which graphs above stating lying condition which graphs above stating lying condition with the state of the stat | IMMEDIATE  ons. if eny, pave rise to cause (a), the under- cause last.  I. OTHER SIGNI disease conditi  20 x. ACCIDENT  Month, Day,  ED C WORK   21  226. DATE 9-30-   | DUE TO (b)  DUE TO (c)  IFICANT CC  tion given in  SUICIDE  (, Year  (Degr                 | OF INJURY (e.g actory, street, of  | NTRIBUTING TO  20b. DESCRIB  1., in or about hom ffice bidg., etc.)  1. To grant properties of the pro | me, 204      | H. CITY, TOWN, OR and date stated above, a 22b. ADDRESS  | LOCATION  d last saw her a land to the best of last saw Normand  | alive on (City, town   | COUNTY  COUNTY  COUNTY | grand was equancy in the causes       | female was in last 90 days. Unknown tem 18.) |

South Section

## STATEMENT BY LICENSED EMBALMER

| Signed Signed Signed Student Embalmer  Signed Signed Signed Signed Signed Student Embalmer  Licensed Embalmer No. 3395  P. O. Address St. Signed Sign | or by   | , Student Embalmer No                               |
|--|---|---|
| Licensed Embalmer No. 3395  P. O. Address 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | working under my personal supervision.                    | 0 1-11481   |
| Licensed Embalmer No. 3395  P. O. Address A. Lucia 35 Mes  | StudentS  | igned / lumnoul / John aun                          |
| P. O. Address St. Juin 5 me  | Signature of Student Embalmer                             | 97  |
| P. O. Address St. Juin 5 me  |   | Licensed Embalmer No. 393                           |
|  |   | 1+1 25  |
|  | <u>.</u>  | P. O. Address                                       |
| N. T. I MARKET DE GLONIES EN ENTENNESSES AND AND AND HANDLESSES AND  |   |   |
| Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  |   | EMBALMER in his OWN HANDWRITING. (Failure to comply |
|  | It embalmed by a STUDENT, he also shall sign in his OV    | VN handwriting.                                     |
| If embalmed by a STUDENT, he also shall sign in his OWN handwriting.   | If this body is not embalmed, fact should be so stated ab | ove:  |